



State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE
PO Box 628
TRENTON, NJ 08646-0628

Richard J. Codey
Acting Governor

John E McCormac, CPA
State Treasurer

NEW JERSEY ELECTRONIC FUNDS TRANSFER (EFT) PROGRAM REVISION REQUEST for AUTOMATED CLEARING HOUSE (ACH) DEBIT ACCOUNT PAYMENTS

Dear Taxpayer:

Please follow the steps below to ensure the proper revision of bank account information. This will allow the change indicated to be made quickly and accurately, while minimizing the chance of a failed electronic tax payment.

Complete the information below and fax it to the Division of Revenue at (609) 292-1777 or mail it to: New Jersey Division of Revenue, EFT Unit, PO Box 191, Trenton, NJ 08646-0191. For questions, you may contact the EFT Unit by calling (609) 984-9830 or e-mailing info@revenue.state.nj.us. The Division's web address is <http://www.state.nj.us/treasury/revenue/eft1.htm>

***PLEASE INDICATE BEGINNING DATE (Required) OF NEW ACCOUNT: ____ / ____ / ____ (fill in). Do not send EFT payments for the payment type listed below on or after the date selected above until you have notified by the Division of Revenue.**

Allow 15-20 working days from the beginning date (listed above) for this request to be processed. Remit payments by check and submit the necessary paper return as usual (informal, if necessary). Do not send checks and/or returns to the EFT Unit. **Once you begin using checks, continue to do so until advised by the Division to resume EFT.**

***Note:** If EFT is used after the date indicated above and before notification from the Division, payments may not be properly debited and could result in penalty and interest charges being assessed.

Taxpayer Name: _____ NJ Reg #: ____ - ____ - ____ / ____

Contact Name: _____ Phone: () _____

Address: _____ Fax #: () _____

City: _____ State: _____ Zip: _____

Account Type: ☐ **Checking** ☐ **Savings**

New Transit/Routing #: _____ New Bank Acct. # _____ Tax Type _____

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The New Jersey Division of Revenue is hereby authorized to debit entries to the bank account(s) identified above and the bank is authorized to debit such account(s). The authority is to remain in full force until EFT payments are no longer required by statute or, if I am a voluntary participant, until the New Jersey Division of Revenue and I mutually agree to terminate my participation in the EFT program.

Signature: _____ Title: _____ Date: _____